SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

> ABPLICATION FOR PERMIT B38

Bayfield Co. Zoning Dept.

Refund: Date: Permit #: Amount Paid:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

TYPE OF PERMIT REQUESTED—► Owner's Name:	STED-	LAND USE		ITARY □ PR Mailipg Address:	W	☐ CONDITIONAL USE City/State/	Zip:	SPECIAL USE	□ B.O.A.	. DTHER_ Telephone:	
White Rive	'e/ /	2		1805	Man St	2	Ashland W	Sh5			
Address of Property:	E RO	~		City/State/Zip:		35th5			C	Cell Facility.	in the second se
Contractor:	on struction	N)C.	Contractor Phone:	Shone:	Plumber:			PI_	Plumber Phone:	ie:
Authorized Agent: (Person S	igning Applica	ation on behal	wner(s))	Agent Phone:		Agent Mailing Ad	Agent Mailing Address (include City/State/Zip):	State/Zip):	Atti	Written Authorization Attached Pes No	orization
PROJECT LEG	Legal Description:		(Use Tax Statement)	PIN: (23 digits)	53	0-63-1-83		Recorded D	Recorded Document: (i.e. Property Ownership) Volume 1010 Page(s) 524	Page(s) 52	Ownership)
NG 1/4, SW	1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	. Block(s) No.	Subdivision	יו		
Section 1	, Township	2	N, Range	W	Town of:			Lot Size		Acreage	7
Cre	s Property/	Land within	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue	r, Stream	otream (incl. Intermittent)	Distance Structure	cture is from Shoreline :	reline :	Is Property in		Are Wetlands Present?
☐ Shoreland → ☐ !	5 Property/	Land withi	Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	e, Pond o	Pond or Flowage If yescontinue	Distance Structure	cture is from Shoreline :	reline :	☐ Yes No		□ Yes No
Non-Shoreland											
Value at Time of Completion *include donated time & material	Project	H .	# of Stories and/or basement	s nent	Use	# of bedrooms	Sev	What Type of Sewer/Sanitary System Is on the property?	e of y System perty?		Water
	☐ New Construction	ruction	1-Story	-	Seasonal			1 1] City
\$ 7 7 7	Addition/Alteration	Iteration	☐ 1-Story + Loft		Year Round	3 2	Sanitary (Exists) Specify Type:	xists) Speci	Specify Type:	7	□ Swell
	Relocate (existing bldg)	risting bldg)	☐ Basement			V	□ Privy (Pit)	or Vaul	Ited (min 200 gallon)	00 gallon)	
P	Property	less on	☐ Foundation	n le		None	☐ Compost Toilet ☐ None	oilet	itract)		1 1
Existing Structure: (if permit being applied for is relevant to it)	germit bein	g applied fo	or is relevant to it)	L	Length:		Width:		Height:	17:	
Proposed Construction:	<i>C</i>	octanilo		ь			width: C		Height:	#:	
Proposed Use	<u>,</u>			Pro	Proposed Structure	Ire		Dii	imensions		Square Footage
		Principal Residenc	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)	structur nting sha	e on property) ck, etc.)				×		
R Prince			with Loft				entered the spirit of the second seco		×		
			with (2 nd) Porch	rch					×	- -	
			with a Deck	<u>X</u>					 × >		
Commercial Use			with Attached Garage	d Garag	e			_	×	-	
		Bunkhou	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or Mahila Home (manufactured date)	y, or □ sl	leeping quarters		cooking & food prep facilities)	es) (×		***************************************
		Addition	Addition/Alteration (sp	(specify)					X		
Municipal Use		Accessor	Accessory Building (sp	(specify)				_ (×)	
		Accessor	Accessory Building Addition/Alteration (specify)	tion/Alte	eration (specify	/)	in the second se		×	-	
		Special U	Special Use: (explain)		- i statement		The state of the s		×		
Rec'd for Issuande	X 0	Condition Other: (e	Other: (explain)	, and	of Shull of	to Com. (W.	160	× ()%		7680
PC 23 2015	tion fine luding	FAILURE TO	OBTAIN A PERMIT	or STARTIN	G CONSTRUCTION	WITHOUT A PERN	INT WILL RESULT IN P	NALTIES	complete. (we)) acknowledge	that I (we)
[we] declare that this application (including any accombanying information) has been examined by the (bu) and to the been only ledge that this application (but the category of the category o	tion (including etail and accurately relying to my reasonable	any accompan acy of all inform on this informatime for the pu	ying information) has be mation I (we) am (are) protion I (we) am (are) prorpose of inspection.	oroviding and	that it will be relied with this application.	upon by Bayfield Cou I (we) consent to cou	inty in determining whe inty officials charged wi	th administering	to issue a permit. I (we) further accept liability which in issue a permit. I (we) further accept liability which ministering county ordinances to have access to the	ther accept lia	bility which cess to the
apove described bioberty and	try reasonable	Cities to the beautiful	post of maperion.								

Owner(s): (If there ar

are Multiple Owners

ed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you ar

e signing o

r(s) a

RSA

22

> 5486 Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

12

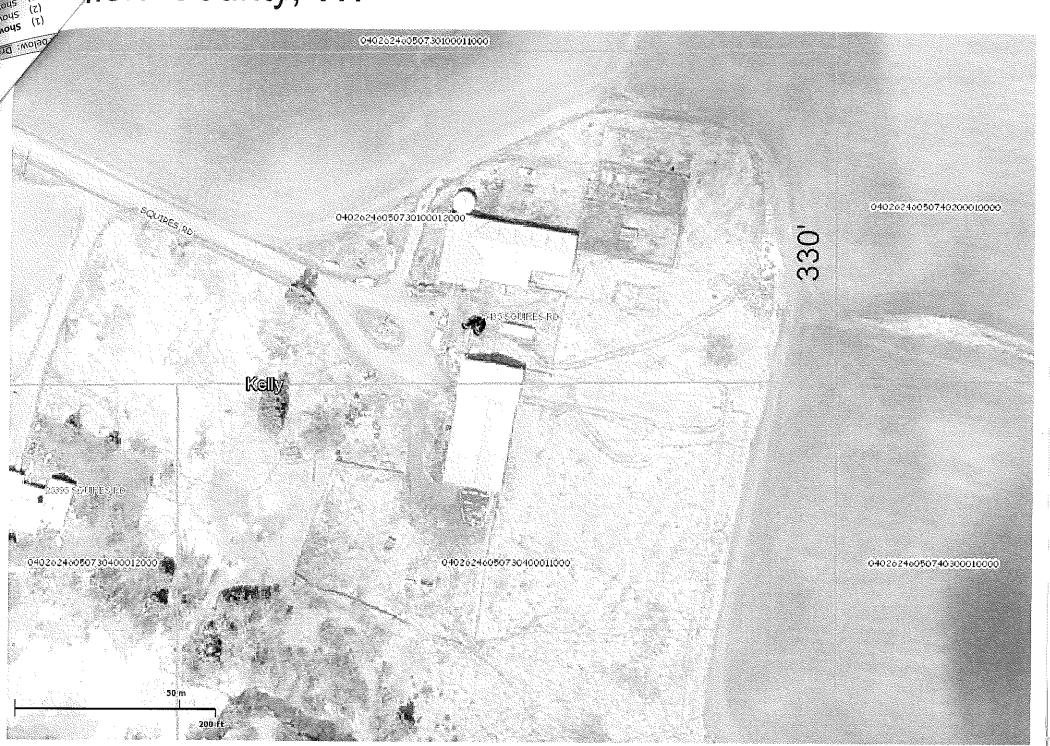
ny this

100

Address to send permit

												,···		,	-1 1		pypododii k		•		:"	ō
Signature of Inspector: Hold For Sanitary: Hold For TBA:	Not a lown, committee or board conditions Attached to Not as a residence.	Date of Inspection (1)	Inspection Regord:	cel Legally Created ing Site Delineated	Granted by Variance (B.O.A.) ☐ Yes \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Lot	Permit #: 15-0469	Issuance Information (County Use Only) Permit Denied (Date):	(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (ST), Stake or Federal agencies may also require permits.	other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	Setback to Privy (Portable, Composting)	Setback to Septic Tank or Holding Tank Setback to Drain Field	Setback from the West Lot Line Setback from the East Lot Line	Setback from the South Lot Line Setback from the South Lot Line	Setback from the Established Right-ot-W	Setback from the Centerline of Platted Roa	Description	(8) Setbacks: (measured to the closest point)	Please romnlete (1) - (7) ahove (prior to continuing)			(1) Show Location of: Proposed Construction (2) Show / Indicate: North (N) on Plot Plan (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (8) Lake; (*) River; (*) Stream/Creek; or (*) Pond (8) Wetlands; or (*) Slopes over 20%
Hold For TBA:		. ⊢ ≅		⊠Yes □ No		(Deed of Record) (Fused/Contiguous Lot(s))	Permit Date:		NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	surveyor at the owner's expens e than ten (10) feet but less than reveyed corner, or verifiable by t	in ten (10) fact of the minimum	35	0000	28		Road 50	Weas	to the closest point)	or to continuing)			Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Fra All Existing Structures of (*) Well (W); (*) Septic (*) Lake; (*) River; (*) S (*) Wetlands; or (*) Slo
Hold For Affidavit:	DON 10 CALL				P	DNO ONO ONO	10.00	Sanitary Number: 15-1958 Reason for Denial:	w Construction, Ser hne (1) Year from the y Dwelling: ALL Mun e, City, State or Fede	re. 1 thirty (30) feet from the many he Department by use of a control of the many here.	Feet	Feet		Feet		Feet	Measurement			X		on what you are app tion lan 's) Frontage Road (N res on your Propert ptic Tank (ST); (*) D (*) Stream/Creek; c (*) Slopes over 20%
	(ii No illey lieed to be attached.)			Were Property Lines	Previously Granted by ☐ Yes ☐\No		-/S		otic Tank (ST). Drain Date of Issuance if (icipalities Are Required agencies may als	inimum required setback, I corrected compass from a	dan line from which the co	Setback to Well	20% Slope Area on pro Elevation of Floodplain	Setback from Wetland	Setback from the Bank or Bluff	Setback from the L		C120		Jan		ayying top) lame Frontage Roav y yrain Field (DF); (*) or (*) Pond
Hold For Fees: □	let.)			Were Property Lines Represented by Owner Was Property Surveyed	Variance (B.O.A.)	□ Yes		# or bedrooms:	field (DF), Holding. Construction or Use hered To Enforce The Uorce The Uorce The Uorce The Uorce Dermits.	the boundary line from whic mown corner within 500 fee	dankling from which the cethod must be measured must		l property blain	and	ank or Bluff	ake (ordinary high-wai	Description	Changes in plans must be a	:	G.		roperty (regardless of what you are applying for) Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Date of App		Date of Re-Inspection:	Zoning District Lakes Classification	ner □ Yes /ed □ Yes	Case #:	Affidavit Required Affidavit Attached		Sanitary Date:	Tank (HT), Privy (P), and Well (W) las not begun. niform Dwelling Code.	th the setback must be measu	he ricible from one					vater mark)						and/or (*) Privy (P)
Date of Approval:		pection:	(<i>Agy</i>)	U,No		d □ Yes Ø No		102815	and <u>Well (</u> W).	ured must be visible from structure, or must be		Feet	Yes No Feet		Feet C		Measurement	pproved by the Planning & Zoning Dept.				

reld County, WI



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

める

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Day 3 mp (Received) NOV 2 4 2015

Bayfield Co. Zoning Dept.

APPLICATION FOR PERMIT

Date:

Permit #: Refund: 12-23-15 が出場 Ō

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. Ö

					W Non-Shoreland
□ Yes □ Mo ☑ No	horeline : feet	Distance Structure is from Shoreline :	ike, Pond or Flowage If yescontinue	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	□ Shoreland →
ls Property in Are Wetlands Floodplain Zone? Present?	A	Distance Structure is from Shoreline:	er, Stream (ind. Intermittent)	☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue—	
Agreage 92	Lot Size		W Young	7 , Township 46 N, Range	Section
	Subdivision:	Lot(s) No. Block(s) No.) CSM Vol & Page	SW 1/4 Gov't Lot Lot(s)	NE 1/4, SW 1/4
Pocument: (i.e. Property Ownership)	Volume O	-3 01-000-11000	PIN: (23 digits) 04- 026-2-46-25-07-3 01-000-11 000	Legal Description: (Use Tax Statement)	PROJECT LOCATION
Written Authorization Attached Res I No	1000	Agent Mailing Address (include City/Stafe/Zip):	Agent Phone: Ag	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Authorized Agent: (Pe
Plumber Phone:	ling & Mel	Plumber: Superior plumbing &	14	Construction Inc	Contractor:
Call House		50856	City/State/Zip:	tes led	Address of Property: 25435 Squites
7	11 54086	1805 Main St U Ashland Wi Store	1805 Main St	ver Ag	White River
Telephone:		City/State/Zip:		- 13	Owner's Name:
☐ B.O.A. ☐ OTHER	☐ SPECIAL USE ☐ B	☐ CONDITIONAL USE ☐ SP	SANITARY D PRIVY D	TYPE OF PERMIT REQUESTED - LAND USE SA	TYPE OF PERMIT RE
			APPLICANI.	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	DO NOT START CONSTRUC

Existing Structur				1218000	·八八 八八 3/	>		material	Value at Time of Completion * include donated time &	
Existing Structure: (If permit being applied for is relevant to it)		Property	☐ Run a Business on	Relocate (existing bldg)	☐ Conversion	Addition/Alteration	□ New Construction		Project	
ir is relevant to it)		☐ Foundation	☐ No Basement	☐ Basement	□ 2-Story	☐ 1-Story + Loft	☐ 1-Story		# of Stories and/or basement	
Length:						☐ Year Round	☐ Seasonal		Use	
			□ None		w	□ 2	 		# of bedrooms	,
Width: Height:	□ None	☐ Compost Toilet	Portable (w/service contract)	☐ Privy (Pit) or Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	□ (New) Sanitary Specify Type:	☐ Municipal/City		What Type of Sewer/Sanitary System Is on the property?	
		<u>}</u>	<u> </u>			□ Well	□ City	2	Water	A STATE OF THE STA

ng Structure: (If permit being applised Construction:	
ng applied for is relevant to it) Length: W	
Length:	
7	
Width:	
12	
Height:	
2	

				-	- Wunicipal Use	7			Commercial Use	-			☐ Residential Use				Proposed Use
						ÆQ											۲,
Other: (explain)	Conditional Use: (explain)	Special Use: (explain)	And the state of t	Accessory Building Addition/Alteration (specify)	Accessory Building (specify)	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)	Proposed Structure
		_		_		-	-		-								Di
×	×	×		×	×	× 7	×	×	×	×	×	×	×	×	×	×	imensions
		1111				3											Square Footage

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. [(we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners wed on the Deed E All Owners must sign or letter(s) of authorization must accompany this application) Date W.

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authoriz

SEE

HERMIT #15-0469 FEC LETTER OF POTH.

Address to send permit

3100

3 1/15

Aue

Ashlor

TM

any this application)

Date んく

S4906 Copy of Tax Statement
If you recently purchased the property send your Recorded De-

Hold For Sanitary:	- 1 - 21	Date of Inspection: 12-46 Condition(s):Town, Committee or Board Conditions	6/C	Was Proposed Building Site Delineated Nas Proposed Building Site Delineated Naspection Record:		In Common Ownership		Issuance Information (County Use Only) Permit Denied (Date):	NOTICE: All Land Use Per For The Construction Of New One The local	ripir to the placement or construction of a structure more the previously surveyed comer to the other previously surveyed comer to the other previously surveyed marked by a licensed surveyor at the owner's expense. (9) Stake or Mark Bronner	Prior to the placement or construction of a structure within other previously surveyed corner or marked by a licensed su	Setback to Septic Tank or Holding Tank Setback to Drain Field Cottools Print In 1997	Setback from the West Lot Line Setback from the East Lot Line	Setback from the North Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	(8) Setbacks: (measured to the closest point)	Please complete (1) (7) shows (1)		(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
3A: \(\text{ Hold For Affidavit: } \text{ Hold For Fees: } \(\text{ Hold For Fees: } \)		Attached? Type Time It was the		Yes □ No Were Property Lines Represented by Owner Wes □ No Was Property Surveyed		(Fused/Contiguous Lot(s)) No Mitigation Required Pyes No Mitigation Attached Pyes No	Permit Date:	Dnily) Sanitary Number: $15 - 145$ # of bedrooms:	Permits Expire One (1) Year from ne & Two Family Dwelling: ALL N cal Town, Village, City, State or F	0) feet from t ment by use	Feet	1 1 1	900 Feet Setback from Wetland 400 Feet 20% Slope Area on property Elevation of Floodplain	N C	150 Feet	Measurement Description	r to continuing) Changes in plans must be apprint to the closest point)		See Attack	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
	Date of Approval: 1240-18		Zoning District (49)) Lakes Classification (V Owner NYes C No	Case	Affidavit Required □ Yes NNo Affidavit Attached □ Yes NNo		Sanitary Date: 16-28-5	Septic Tank (S.L), <u>Drain field (DF)</u> , <u>Holding Tank (HT)</u> , <u>Privy (P)</u> , and <u>Well</u> (W). the Date of Issuance if Construction or Use has not begun. Aunicipalities Are Required To Enforce The Uniform Dwelling Code. Bederal agencies may also require permits.	om which the setback must be measured must be visible from 1500 feet of the proposed site of the structure, or must be	sured must be visible from one previously surveyed corner to the	Feet	Feet ☐ Yes ☐ No Feet	Creek Feet	mark)	Measurement	nust be approved by the Planning & Zoning Dept.			nk (HT) and/or (*) Privy (P)

eld County, WI

